										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 O 6/4 0 7														
		CLAIMS A		(Column 1) (Colu					SMALL TYPE		OF		R THAN ENTITY	
TOTAL CLAIMS			V S						RATE	FEE']	RATE	FEE	1
FOR ·			NUMBER FILED NU			BER EXTRA			BASIC F	EE 370.00	OR	BASIC FEE	740.00	1
TOTAL CHARGEABLE CLAIMS			5 minus 20= ' (X\$ 9=	:	OR	X\$18=		1
INDEPENDENT CLAIMS			f minus 3 = 2)		•	X42=		OR	 		1
M:	JLTIPLE DEPE	NDENT CLÁIM P	RESENT				5		+140=					1
*	the difference	e in column 1 is	less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	 	
CLAIMS AS AMENDED - PART II										- L] 0	OTHER	THAN	1
		(Column 1)	(Column 2)			(Colun	nn 3)		SMAL	L ENTITY	OR	SMALL		ı
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESI EXT			RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 15	Minus	** 2	5,0	= _			X\$ 9=		OR	X\$18=		
MEN	Independent	. 6	Minus	***	3	= 3		}	X42=		OR	X84=	2572	0
٧	FIRST PRES	ENTATION OF M	JLTIPLE DEI	PENDENT	CLAIM]]	ł		1	107		4D6 -	19
	1, 67, 9, 12, 14, 15							l	+140=		OR	+280=	•	
		-						,	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	•	ľ
(Column 1) (Column 2) (Column 3)													J	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	NU PRE		EST BER DUSLY FOR	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ	Total	- 16	Minus	- 26		-			X\$ 9=		OR	X\$18=		
ME	Independent	* '()	Minus .	*** (=			X42=	1	ÖR	X84=	200	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ì	+140=			+280=		
·								L	TOTA		OR	TOTAL	200	
	-							#	ODIT. FE	<u> </u>	OR	ADDIT. FEE	20	1
-	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									· ·			4551	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESE			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		= .		ſ	X\$ 9=		OR	X\$18=		
	Independent	.	Minus	***		=:]	t	X42=		OR	X84=		
4	FIRST PRESE	NTATION OF MU	ITTIPLE DEF	ENDENT	CLAIM			ŀ		 		+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE &	s less that	n 20, ente		A	DOIT. FEE	<u> </u>	OR	ADDIT. FEE		1
		her Previously Fa						form	od in the a	poroorlate bo	x in coi	umn 1.		1 .